

Case Number:	CM15-0221245		
Date Assigned:	11/17/2015	Date of Injury:	05/24/2005
Decision Date:	12/29/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/10/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 61 year old male, who sustained an industrial-work injury on 5-27-05. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar radiculopathy and lumbar disc herniation. Treatment to date has included pain medication, Butrans and Nucynta discontinued, Norco, Cyclobenzaprine, Terocin, Lidopro ointment, Tramadol, with 30 percent improved function, lumbar laminectomy 2014, diagnostics, work modifications and other modalities. Medical records dated 10-13-15 indicate that the injured worker complains of low back pain that radiates to the right leg rated 7 out of 10 on the pain scale at worst and on average about 8 out of 10. Per the treating physician report dated 10-13-15 work status is permanent and stationary and working. The physical exam reveals that he has antalgic gait and uses a cane. There is lumbar tenderness bilaterally, positive straight leg raise on the right and sensation is diminished in the L5 and S1 distribution on the right. There is no documented physical therapy. The physician indicates that the Magnetic Resonance Imaging (MRI) of the lumbar spine is positive for extruded disc at the L5-S1 level deviating the right S1 nerve root as well as enhancing scar tissue around the S1 nerve root on the right side. The physician indicates that the purpose of the epidural steroid injection (ESI) would be to perform a diagnostic block to evaluate if he would benefit from additional surgery. EMG-NCV (electromyography and nerve conduction velocity) testing was performed on 12-14-12 which was negative for radiculopathy. The physician indicates that we would want to obtain another electromyography (EMG) nerve conduction velocity studies (NCV) at this point to determine if he has developed chronic denervation or acute ongoing denervation which would further

determine whether surgical intervention would be appropriate. If he is not a candidate for surgery or does not improve with surgery he would be a candidate to proceed with a dorsal column stimulator trial and implantation. Hence, at this point the physician recommends Right L5-S1 transforaminal epidural steroid injection as well as a referral to see a surgeon. The request for authorization date was 10-13-15 and requested services included Right L5-S1 transforaminal epidural steroid injection and electromyography (EMG) -NCS bilateral lower extremities. The original Utilization review dated 10-21-15 non-certified the request for Right L5-S1 transforaminal epidural steroid injection and electromyography (EMG) -NCS bilateral lower extremities. Letter concerning denial dated 11/15/15 was reviewed. In the progress note, it claims that patient had "exercise program" from 2012 which did not provide benefit and is performing exercise. It states that EMG from 2012 was negative but exam is concerning for progression of disease.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Right L5-S1 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back: Epidural steroid injections, diagnostic.

Decision rationale: Epidural Steroid Injection sections in MTUS Chronic pain and ACOEM guidelines pertain to therapeutic injections only. Provider claims that this injection is for diagnostic purposes therefore Official Disability Guidelines were reviewed for detailed guidelines. As per ODG, diagnostic injections may be considered under certain criteria. Diagnostic ESI may be considered to determine the level of radicular pain, in cases where diagnostic imaging is ambiguous such as when physical signs and symptoms differ from that found on imaging studies; when there is evidence of multi-level nerve root compression; to help to determine pain generators when clinical findings are consistent with radiculopathy (e.g., dermatomal distribution) but imaging studies are inconclusive; and to help to identify the origin of pain in patients who have had previous spinal surgery. Not a single criteria is met by provider's documentation. Patient has noted low back pain that is consistent with prior area of surgery and MRI findings. It is unclear how a diagnostic ESI will help clarify patient's pain etiology. Not medically necessary.

EMG/NCS bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary, Special Studies, and Ankle and Foot Complaints 2004, Section(s): Summary, Special Studies.

Decision rationale: EMG (Electromyography) and NCV (Nerve Conduction Velocity) studies are 2 different studies that are testing for different pathology. As per ACOEM Guidelines, EMG may be useful in detecting nerve root dysfunction. There is noted documentation of radiculopathy/nerve root dysfunction signs on exam. Due to negative EMG in the past and exam and MRI findings that may be related to radiculopathy, a repeat EMG is medically appropriate and necessary. As per ACOEM guidelines, Nerve Conduction Velocity studies are contraindicated in virtually all knee and leg pathology unless there signs of tarsal tunnel syndrome or any nerve entrapment neuropathies. There are no such problems documented. NCV is not medically necessary. Independent Medical Review cannot modify requests. While EMG is deemed medically necessary, NCV was also requested for unknown reason. As per MTUS guidelines, if one study is considered not necessary, the entire request is deemed not necessary. NCV/EMG of bilateral lower extremity is not medically necessary.